PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	Docket Number (Optional) 56425(71699)	
Application Number	09/904,182-Conf. #1162	Filed July 11, 2001
For APPLICATION OF PHOTOCHEMOTHERAPY FOR THE TREATMENT OF CARDIAC ARRHYTHMIAS		
Art Unit 3739	Examiner	D.M. Shay

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
☐	One month (37 CFR 1.17(a)(1))	$130	$65	$ _____
☐	Two months (37 CFR 1.17(a)(2))	$490	$245	$ _____
☒	Three months (37 CFR 1.17(a)(3))	$1110	$555	$ 555
☐	Four months (37 CFR 1.17(a)(4))	$1730	$865	$ _____
☐	Five months (37 CFR 1.17(a)(5))	$2350	$1175	$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ 04-1105 _____ .

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number _____ 44,368 _____

☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

/Lisa Swiszcz Hazzard/	January 22, 2009
Signature	Date
Lisa Swiszcz Hazzard	(617) 517-5512
Typed or printed name	Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ 1 _____ forms are submitted.